



United States  
Environmental Protection Agency  
Washington, DC 20460

☒ Registration  
☐ Amendment  
☐ Other

OPP Identifier Number

**Application for Pesticide - Section I**

|  |  |  |
|--|--|--|
| 1. Company/Product Number<br>7969-XXX  | 2. EPA Product Manager<br>Emily Schmid   | 3. Proposed Classification<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>Engenia herbicide   | PM#<br>25  |  |
| 5. Name and Address of Applicant (Include ZIP Code)<br>BASF<br>26 Davis Drive<br>Research Triangle Park, NC 27709<br><input type="checkbox"/> Check if this is a new address | 6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:<br>EPA Reg. No. <u>7969-345</u><br>Product Name <u>Engenia Herbicide</u> |  |

**Section - II**

|  |  |
|--|--|
| <input type="checkbox"/> Amendment - Explain below.                            | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input checked="" type="checkbox"/> "Me Too" Application.                              |
| <input type="checkbox"/> Notification - Explain below.                         | <input type="checkbox"/> Other - Explain below.  |

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

New registration submission for Engenia herbicide, based on the registration database for the previously registration, 7969-345.

This submission is a PRIA R320 action.

Contact Jeff Birk at 919-547-2622 (phone), 919-547-2850 (fax) or by Email at jeffrey.birk@basf.com

**Section - III**

|   |  |   |                   |  |                   |
|---|--|---|-------------------|--|-------------------|
| 1. Material This Product Will Be Packaged In:   |  |   |                   | 2. Type of Container   |                   |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                     | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                   | <input checked="" type="checkbox"/> Metal  |                   |
|   |  |   |                   | <input type="checkbox"/> Plastic   |                   |
|   |  |   |                   | <input type="checkbox"/> Glass   |                   |
|   |  |   |                   | <input type="checkbox"/> Paper   |                   |
|   |  |   |                   | <input type="checkbox"/> Other (Specify) _____   |                   |
| * Certification must be submitted   |  | If "Yes" Unit Packaging wgt.  | No. per container | If "Yes" Package wgt   | No. per container |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container |  | 4. Size(s) Retail Container<br>2.5, 110 gallon and bulk   |                   | 5. Location of Label Directions<br><input checked="" type="checkbox"/> on labeling placed on the container |                   |
| 6. Manner in Which Label is Affixed to Product<br>adhesive or sleeve  |  | <input checked="" type="checkbox"/> Lithograph<br>Paper glued<br>Stenciled                        |                   | <input checked="" type="checkbox"/> Other labeling may be placed in sleeve                                 |                   |

**Section - IV**

|  |  |   |   |
|--|--|---|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)  |  |   |   |
| Name<br>Jeffrey H. Birk  |  | Title<br>Regulatory Manager                       |   |
|  |  | Telephone No. (Include Area Code)<br>919-547-2622 |   |
| <b>Certification</b><br>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. |  |   | 6. Date Application Received<br>(Stamped) |
| 2. Signature<br>   |  | 3. Title<br>Regulatory Manager                    |   |
| 4. Typed Name<br>Jeffrey H. Birk   |  | 5. Date<br>July 1, 2020                           |   |
|  |  |   |   |